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CONFIRMATION NO. 7257

SERIAL NUMBER 10/717,410	FILING OR 371(c) DATE 11/18/2003 RULE	CLASS 005	GROUP ART UNIT 3673	ATTORNEY DOCKET NO. C0852-703030	
APPLICANTS Robert B. Chaffee, Boston, MA; ** CONTINUING DATA ***** This appln claims benefit of 60/427,151 11/18/2002 and claims benefit of 60/427,307 11/18/2002 ** FOREIGN APPLICATIONS ***** IF REQUIRED, FOREIGN FILING LICENSE GRANTED** SMALL ENTITY ** ** 03/02/2004					
Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after met Allowance Verified and Acknowledged _____ Examiner's Signature Initials		STATE OR COUNTRY MA	SHEETS DRAWING 19	TOTAL CLAIMS 65	INDEPENDENT CLAIMS 9
ADDRESS 37462					
TITLE Inflatable device					
FILING FEE RECEIVED 1075	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit		